Chairman Eric Coleman, Chairman Gerald Fox, Ranking Member John Kissel, Ranking Member John Hetherington and other distinguished members of the Joint Committee on the Judiciary;

Thank you for the opportunity to provide testimony in opposition of SB 1015, An Act Concerning Palliative use of Marijuana.

Research into the therapeutic potential of cannabis and cannabinoids has lagged behind that of other modern medications. The recent discovery and elucidation of the endocannabinoid receptor system, coupled with improvements in technology and new research tools, has facilitated analytical, pharmacological and other preclinical research. Clinical research is also increasing, although only a small number of controlled studies meeting modern scientific standards have been published.

All cannabis-based and cannabinoids medication should be subjected to the rigorous scrutiny of the Federal Food and Drug Administration (FDA) regulatory process. This process provides important protections for patients, making medication only available only when they: 1) are standardized by identity, purity, potency and quality, 2) are accompanied by adequate directions for use in the approved medical indication; and 3) have risk/benefit profiles that have been well defined in well-controlled clinical trials. The FDA has set forth the criteria that must be met if a botanically-based medication is to achieve marketing approval through this process.

All major medical organizations support the FDA approval process. Both the American Medical Association (AMA) and the American College of Physicians (ACP) have rejected the use of state legislative enactments to determine whether a medication should be made available to patients. The Institute of Medicine has also rejected this approach and has called for further research into the development of nonsmoked, reliable delivery systems for cannabis-derived and cannabinoid medications. Rigorous research is needed better to understand the significance of different cannabinoid formulations and ratios, methods of administration and dose-response relationships. Cannabis has a range of effects, some of which may be disturbing to patients with serious medical conditions, adversely impact their cognitive skills, or impair their lung function. Such effects should be better understood, particularly in the context of chronic medical use.

"Medical Marijuana," currently distributed pursuant to state legislation, does not accord with critically important aspects of the modern scientific model. It lacks quality control and standardization; can be contaminated with pesticides and microbes; and does not assure patients a reliable and reproducible dose. Increased cannabis potency heightens the risk of adverse events, especially among cannabis-naïve patients, as well as the dangers of dependence and addiction. There are no effective risk management measures to prevent diversion and abuse, especially by adolescents.

The practice of medicine must be evidence-based; all medical interventions should be justified by high-quality data. Despite the paucity of rigorous scientific data, dispensaries are now distributing cannabis and cannabis products to large numbers of individuals. Yet physicians, who are the gatekeepers of this process under state law, have inadequate information on which to base their judgment if they choose to discuss cannabis as a treatment option with their patients. Physicians should carefully consider their ethical and professional responsibilities before issuing a cannabis recommendation to a patient. A physician should not advise a patient to seek a treatment option about which the physician has inadequate information regarding composition, dose, side effects, or appropriate therapeutic targets and patient populations.

Thank you for the thoughtful and careful consideration of this proposal and we, the Connecticut Chapter of the American Society of Addiction Medicine, urge you to oppose SB1015.

Sincerely,

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